

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754949

1. Entity Name

VENTURA COUNTRY CLUB COMMUNITY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3201 WOODGATE BLVD
ORLANDO FL 32822
US

3333 WOODGATE BLVD
ORLANDO FL 32822-4013
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2107667

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWMAN, ROBERT A
3333 WOODGATE BLVD
ORLANDO FL 32822-4013

Name
DANIEL S. LEES

Street Address (P.O. Box Number is Not Acceptable)
6533 DOVER COVE DR

City
ORLANDO

FL Zip Code
32822

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/02
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME SMITH, HENRIETTA
STREET ADDRESS 3419 BROOKWATER CIRCLE
CITY-ST-ZIP ORLANDO FL 32822

TITLE VD ☒ Change ☐ Addition
NAME SMITH, HENRIETTA
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME PISANI, ED
STREET ADDRESS 3471 IDLEGROVE CT
CITY-ST-ZIP ORLANDO FL 32822

TITLE PD ☐ Change ☒ Addition
NAME LEES, DANIEL S.
STREET ADDRESS 6533 DOVER COVE DRIVE
CITY-ST-ZIP ORLANDO, FL 32822

TITLE TD ☒ Delete
NAME NEUMAN, RICHARD
STREET ADDRESS 6208 SUNNYVALE DRIVE
CITY-ST-ZIP ORLANDO FL 32822

TITLE TD ☐ Change ☒ Addition
NAME NEUMAN, RICHARD
STREET ADDRESS 6463 PINEWOOD DRIVE
CITY-ST-ZIP ORLANDO, FL 32822

TITLE PD ☐ Delete
NAME WYMAN, BETTY
STREET ADDRESS 3558 CHERRYHILL DRIVE
CITY-ST-ZIP ORLANDO FL 32822

TITLE D ☒ Change ☐ Addition
NAME WYMAN, BETTY
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME AMBROGNE, APRIL
STREET ADDRESS 3951 ATRIUM DRIVE
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME FUHRMAN, ROBERT
STREET ADDRESS 6163 BRYNWOOD ST
CITY-ST-ZIP ORLANDO FL 32822

TITLE D ☐ Change ☒ Addition
NAME HUMPHREY, ELAINE
STREET ADDRESS 3507 CLEAR STREAM DRIVE
CITY-ST-ZIP ORLANDO, FL 32822

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

Daytime Phone #

CR2E037 (9/01)